

**ARIZONA STATE BOARD OF NURSING (ASBN)  
APPLICATION INSTRUCTIONS FOR  
NURSE PRACTITIONER / CLINICAL NURSE SPECIALIST / NURSE MIDWIFE CERTIFICATION**

**If you are from another state and do not hold a current RN license in Arizona or another compact state, you must complete the RN Endorsement application at the same time you apply for Nurse Practitioner, Nurse Midwife or Clinical Nurse Specialist.**

**REQUIREMENTS**

**NURSE PRACTITIONER** (Includes Nurse Midwives)

Registered Nurses seeking certification as a NP shall meet the following requirements:

1. Current Arizona registered nurse licensure in good standing **OR** current multistate registered nurse licensure in good standing in another compact party state. You must submit an application for RN licensure at the same time you submit an application for Advanced Practice certification if you do not hold a RN license in Arizona or another compact state. Go to [www.ncsbn.org](http://www.ncsbn.org) for a current list of compact states.
2. Completion of a registered nurse practitioner program in the specialty area for which you are applying that was:
  - a. Part of a graduate degree or post masters program at a regionally or nationally accredited institution , or
  - b. Board approved, or
  - c. A RNP program offered by or affiliated with a college or university accredited by a regional or national accrediting agency which was at least 9 months or 2 full-time semesters in duration and included theory and clinical, or
  - d. Not provided by an accredited college or university but is located in the United States or Territories and is at least 9 months in length or equivalent to 2 semesters full-time study, or contained didactic and at least 500 hours of clinical instruction, and contained theory and clinical experiences sufficient to prepare the graduate to practice in the specialty area and was a RNP program recognized by the jurisdiction where it was located.

The Board must receive **official sealed transcripts** and an **official letter** directly from the institution where course(s) were completed that states you completed a NP program and the specialty.

3. Graduate degree in nursing. The Board must receive **official sealed transcripts** posting the Graduate Degree and date of graduation directly from the educational institution.
  - Applicants without a graduate degree in nursing that show proof of certification in Arizona or another state prior to January 1, 2001, are exempt from the graduate degree requirement. **Official verification** of certification, by category and specialty along with issue and expiration dates from another jurisdiction, must be provided to the board directly from another jurisdiction.
  - Applicants with a graduate degree in a health related field other than nursing must show proof of certification or licensure in Arizona or another state before November 13, 2005 in the category and specialty area for which they are applying.
4. National certification from a national certifying body recognized by the Board. **Official verification** of certification, including the issue and expiration dates, must be provided directly to the board by the credentialing agency.
  - Nurse practitioner applicants without national certification that show proof of current nurse practitioner certification in another state prior to July 1, 2004, are exempt from the national certification requirement. **Official verification** of certification, by category and specialty along with the issue and expiration dates from another jurisdiction, must be provided to the board directly from another jurisdiction.
  - Nurse Midwife applicants must hold current national certification. **Official verification** of certification, including the issue and expiration dates, must be provided directly to the board by the credentialing agency.

**ATTENTION NURSE PRACTITIONERS: A SEPARATE APPLICATION MUST BE COMPLETED FOR PRESCRIBING & DISPENSING AUTHORITY. YOU MAY NOT PRESCRIBE OR DISPENSE MEDICATIONS UNTIL YOU RECEIVE OFFICIAL NOTIFICATION THAT PRESCRIBING AND DISPENSING AUTHORITY HAS BEEN GRANTED.**

**CLINICAL NURSE SPECIALIST**

Professional nurses seeking certification as a CNS shall meet the following requirements:

1. Current Arizona RN licensure in good standing **OR** current RN licensure in good standing in another compact party state.
2. Graduate Degree with a major in nursing.
3. Completion of a CNS program in the specialty area for which you are applying that prepared you to practice as a CNS as part of a graduate degree or post masters program. The Board must receive **official sealed transcripts** and an **official letter** directly from the institution where course(s) were completed.
4. Current certification as a Clinical Nurse Specialist by a national nursing credentialing agency in a clinical area of nursing practice.

**NOTE:** If you do not meet these qualifications, visit [www.azbn.gov](http://www.azbn.gov) to see waiver exemptions that are effective until November 13, 2006.

**TEMPORARY AP CERTIFICATE -- NOTE: Temporary certification does not include prescribing and dispensing authority.**

Temporary AP Certificate is available for:

1. **Endorsement** applicants who have met all of the above requirements and have been issued a temporary Arizona RN license or hold a current professional license in good standing in another compact party state.

2. **New graduate** AP applicants who have met all of the above requirements and are awaiting national certification. They must:
  - Submit evidence that they have applied for and are eligible to take or have taken an advanced practice certifying examination in their category or specialty area of practice. (e.g. request certifying agency to send verification directly to ASBN)
  - Provide written authorization to the certifying body to release the certifying examination results to the Board.

A form to request a temporary certificate is included with the instructions. In addition to the completed application and requirements **as stated above** for permanent certification, please note the following:

- Must submit the required fee.
- Applicants are **ineligible** for a temporary certificate if they answer “yes” to questions 20 or 23 on the application. Issuance of a permanent certificate will also be delayed.
- A temporary advanced practice certificate will not be issued until official transcripts, and official letter from your school and verification of eligibility to test for national certification from the testing agency are received by ASBN. The temporary certificate will be mailed to the address on your application. A temporary certificate can be held at the Board office for you to pick up, if you submit a written request with your application.
- The temporary certificate expires in 6 months from date of issue or automatically upon failure of the national certifying exam. (Temporary certificates may be renewed for good cause at the direction of the Executive Director. Temporary certificates will not be renewed due to failure of national certifying exam.)
- If you do receive a temporary certificate and have not received a permanent certificate at least 10 days before the temporary certificate is due to expire, call **Cristina Oates, Licensing Tech at (602) 889-5205** to request an extension.

**EXPIRATION OF NP / CNS / NURSE MIDWIFE CERTIFICATION:** Certificates issued after July 1, 2004, expire when the RN license expires. Evidence of current national certification or recertification must be submitted for renewal.

**FEES – ALL PERSONAL CHECKS MUST BE PRE-PRINTED WITH YOUR NAME AND ADDRESS – NO EXCEPTIONS**

- The application fee is \$135.00 for each Nurse Practitioner specialty and \$100.00 for each Clinical Nurse Specialist specialty.
- Fingerprinting fee is \$43.00 for all applicants who have not submitted a fingerprint card to the Board within the past 2 years and for nurses planning to maintain RN licensure in another compact state.
- Optional Temporary Certificate fee is \$35.00.
- Fees may be paid by money order or check and made payable to the Arizona State Board of Nursing.
- All fees submitted must be US dollars and **are not refundable**.
- Personal checks drawn on banks out of the Continental US are not considered US Dollars and will not be accepted.
- A \$50.00 fee will be charged for checks returned because of insufficient funds.

**OPTIONAL:** If you want confirmation of the date that your application has been received by ASBN, complete the enclosed postcard with your name/address and **POSTAGE**. Receipt of a postcard indicates your application was received and does not reflect the status or any Board decision on your application. **UNSTAMPED POSTCARDS WILL NOT BE MAILED.**

**TIME FRAMES FOR CERTIFICATION:** The Board is required to process applications for certification within certain time periods, A.R.S. § 41-1073. The following definitions are provided to assist you in understanding the time frames below:

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Administrative completeness time frame:</li> </ul> | The number of days from receipt of an application until the Board determines that the application is complete.   |
| <ul style="list-style-type: none"> <li>• Substantive review time frame:</li> </ul>          | The number of days following the administrative completeness time frame during which the Board determines whether the applicant <b><u>should</u></b> be licensed.  |
| <ul style="list-style-type: none"> <li>• Deficiency notice:</li> </ul>                      | Correspondence from the Board notifying the applicant that the application is incomplete and that information is missing.  |
| <p style="text-align: center;"><b>Time to respond:</b></p>                                  | <b>The table below specifies the number of days an applicant has to respond to a deficiency notice.</b>  |
| <ul style="list-style-type: none"> <li>• Comprehensive written request:</li> </ul>          | A request by the Board to the applicant during the substantive review time frame for additional information or documentation.  |
| <p style="text-align: center;"><b>Time to respond:</b></p>                                  | <b>The table below specifies the number of days an applicant has to respond to a comprehensive written request.</b>  |
| <ul style="list-style-type: none"> <li>• Overall time period:</li> </ul>                    | The total number of days from the Board’s receipt of an application until the Board determines whether to grant certification. This time period includes the administrative completeness time frame, the substantive review time frame, as well as time to respond to a deficiency notice and comprehensive written request. |

### **CERTIFICATION TIME FRAMES TABLE**

Type of Certification	Applicable Rule	Overall Time	Administrative Completeness	Deficiency Notice (time for applicant to respond)	Substantive Review	Comprehensive Written Request (time to respond)
<b>WITHOUT INVESTIGATION</b>						
Nurse Practitioner Certification	R4-19-511	150 days	30 days	270 days	120 days	150 days
Clinical Nurse Specialist Certification	R4-19-504	150 days	30 days	270 days	120 days	150 days
<b>WITH INVESTIGATION</b>						
Nurse Practitioner Certification	R4-19-511	270 days	30 days	270 days	240 days	150 days
Clinical Nurse Specialist Certification	R4-19-504	270 days	30 days	270 days	240 days	150 days

**Please NOTE:** When you submit an application, the Board may send you a deficiency notice. For more information regarding the time frames for certification, consult A.A.C. R4-19-102. For assistance with the application process for certification, contact Cristina Oates at (602) 889-5205. If you fail to respond to a deficiency notice or comprehensive written request within the applicable time periods, your application will be withdrawn. If you are still interested in obtaining certification, you must submit a new application and applicable fees.

### **FINGERPRINTING**

- Pursuant to A.R.S. § 32-1606(B)(15) and R4-19-505 (2)(k) each applicant for initial certification is required to submit a full set of fingerprints with the completed application if you have not submitted fingerprints to ASBN within the past 2 years. (Fee is \$43.00.)
- If you download an application off the website ([www.azbn.gov](http://www.azbn.gov)) and submit the completed application to Arizona State Board of Nursing, a fingerprint card will be mailed to you to complete when we receive your application. The fingerprint card you receive from ASBN **must** be the card you use for fingerprints, since it has specific agency data pre-printed on it.
- A temporary certificate will **not** be issued until a completed application **AND** a completed fingerprint card is received.
- Please check your local phone directory for information on fingerprinting agencies.
- It can take 2-3 weeks to receive fingerprint results from the FBI. You cannot receive permanent certification until these results are received.

### **ADDRESS**

The **home/primary state of residence** address must be completed. This address must reflect where you vote, pay taxes or obtain a drivers license. The **mailing** address is optional. A.R.S. § 32-3801 states that a professional's residential address and phone number maintained by a professional board are not available to the public unless that is the only address and number of record. If you give a mailing address, your renewal notice, Newsletter, etc., would be sent to your mailing address.

### **FELONY CONVICTIONS**

Pursuant to A.R.S. § 32-1606(B)(17), the Board shall revoke a nursing license or multistate privileges or deny licensure if the applicant has one or more felony convictions that have not previously been disclosed to the Board and has not received an absolute discharge from the sentences for all felony convictions five or more years prior to the date of filing an application. If this law pertains to you, your application will not be processed, and proceedings for revocation of your Arizona license or multistate privileges in Arizona or denial of your application shall be instituted by the Board.

### **REPORTING OF CRIMINAL CHARGES**

Applicants for licensure/certification must notify the Board of criminal charges that may affect patient safety within 10 days of being charged. Further information is available at [www.azbn.gov](http://www.azbn.gov).

**REQUIREMENTS FOR NURSE PRACTITIONER / CLINICAL NURSE SPECIALIST / NURSE MIDWIFE  
APPLICANTS WHOSE ADVANCED PRACTICE EDUCATION WAS IN A FOREIGN COUNTRY  
(INCLUDING CANADA)**

**FOR A NURSE PRACTITIONER / CLINICAL NURSE SPECIALIST / NURSE MIDWIFE TO OBTAIN CERTIFICATION, YOU MUST VALIDATE YOUR EDUCATIONAL PROGRAM WITH ONE OF THE FOLLOWING OPTIONS.**

**NOTE: YOU WILL NOT BE ELIGIBLE TO BE CERTIFIED UNTIL ARIZONA STATE BOARD OF NURSING HAS RECEIVED DOCUMENTATION VALIDATING YOUR EDUCATION IS COMPARABLE TO REQUIREMENTS FOR US GRADUATES.**

**It is to your advantage not to apply to Arizona State Board of Nursing for certification until you have completed the validation of education requirements process or received a copy of the evaluation report. Because these processes are lengthy, the timeframe for your application may expire before the information is received.**

**A. Validation of Educational Requirements**

- Request an application from Commission on Graduates of Foreign Nursing Schools (CGFNS) to obtain **one** of the following:
  1. The Health Care Professionals Course by Course Report
  2. The full Education Course by Course Report

**Commission on Graduates of Foreign  
Nursing Schools  
3600 Market Street, Suite 400  
Philadelphia, PA 19104-2651  
Phone: 215-349-8767  
Website: [www.cgfns.org](http://www.cgfns.org)**

If you have requested a CES report (i.e. option 1 or 2), CGFNS will send you a copy of the report when a copy is sent to ASBN.

**OR**

- Request an application from International Education Research Foundation (IERF) to complete an education equivalency report. IERF will send you a copy of the report when a copy is sent to ASBN.

**International Education Research  
Foundation  
PO Box 3665  
Culver City, CA 90231  
Phone: 310-258-9451  
Fax: 310-342-7086  
E-mail: [information@ierf.org](mailto:information@ierf.org)  
Website: [www.ierf.org](http://www.ierf.org)**

**OR**

- Request (or download) an application from Educational Records Evaluation Services (ERES) to complete an Education Evaluation for Nursing Licensure. ERES will send you a copy of the report when a copy is sent to ASBN.

**Educational Records Evaluation Services  
601 University Avenue, Suite 127  
Sacramento, CA 95025-6738  
Phone: 916-921-0791  
Toll free: 866-411-ERES  
Fax: 916-921-0793  
E-mail: [edu@eres.com](mailto:edu@eres.com)  
Website: [www.eres.com](http://www.eres.com)**

THIS REQUEST MUST EITHER ACCOMPANY AN APPLICATION  
OR AN APPLICATION MUST ALREADY BE ON FILE.

Fee for Temporary License/Certificate is \$35

Name \_\_\_\_\_  
LAST FIRST

Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
MO DAY YEAR

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Soc. Sec Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Mandatory)

Are you applying for? ☐ RN or ☐ LPN ☐ Endorsement or ☐ Examination ☐ Refresher Course

**ADVANCED PRACTICE:** ☐ Nurse Practitioner ☐ Nurse Midwife ☐ Clinical Nurse Specialist

You are eligible for a temporary license if you meet the following requirements for your application type.

**ENDORSEMENT APPLICANTS**

- Have submitted an application, fingerprint card, and fees for licensure
- Do not have "yes" answers to questions on the last page of the application
- Have included a copy of a current license in good standing in another state
- Passed NCLEX or SBTPE
- No disciplinary action in Databank
- Must have practiced as a nurse for 960 hours or more in the past 5 years, or completed an Arizona Board approved refresher course within the past 5 years or obtained an advanced nursing degree in the past 5 years
- If a graduate of a foreign nursing program, have submitted a copy of a letter from CGFNS/IERF/ERES with ID number
- Armed Forces Practical Nurses – transcripts required

**EXAMINATION APPLICANTS**

- Have submitted an application, fingerprint card, and fees for licensure
- Do not have "yes" answers to questions on the last page of the application
- Have passed NCLEX
- Have negative fingerprint results from AZ Department of Public Safety

**APPLICANTS REQUIRING A REFRESHER COURSE**

- Have submitted application and fee for licensure
- Have enrollment in an Arizona Board approved refresher course
- Have passed NCLEX / SBTPE
- If a graduate of a foreign nursing program, have submitted a copy of a letter from CGFNS/IERF/ERES with ID number (for endorsement applicants only)

**ADVANCED PRACTICE APPLICANTS (Includes Nurse Midwives)**

**Temporary AP Certificate is available for:**

1. **Endorsement** applicants who have met all of the requirements for Advanced Practice certification (listed on instructions) have been issued a temporary Arizona RN license and are waiting for permanent Arizona RN licensure.
2. **New graduate** AP applicants who have met all of the requirements for Advanced Practice certification (listed on instructions) and are awaiting national certification, must:
  - Submit evidence that they have applied for and are eligible to take or have taken an advanced practice certifying examination in their category or specialty area of practice. (e.g. request certifying agency to send verification directly to ASBN)
  - Provide written authorization to the certifying body to release the certifying examination results to the Board.
3. Have submitted an application, fingerprint card, and fees for certification.

**ADVANCED PRACTICE NEW GRADUATE APPLICANTS ONLY:**

I attest that I have submitted written authorization to the certifying body to release my examination results to Arizona State Board of Nursing.

\_\_\_\_\_  
Advanced Practice New Graduate Applicant

- **Fees are not refundable.**
- A \$50.00 fee will be charged for checks returned because of insufficient funds.
- **All** personal checks must be pre-printed with your name and address; starter checks will not be accepted.
- Out of country personal checks are not considered US Dollars and will not be accepted.
- If all requirements for a permanent license are met before a temporary license is issued, a permanent license will be issued.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



## *Advanced Practice Nurses*

### **SAVE YOURSELF FRUSTRATION...**

Check these areas **before** submitting your application.

Items required before a Temporary Certificate or Permanent Certificate  
can be issued to all NP or CNS or Nurse Midwife

- ☐ A complete application for NP/CNS/NM
  - ☐ A completed application for temporary certification (optional)
  - ☐ A check or money order made out to the AZ State Board of Nursing for **correct** fees
  
  - ☐ A completed fingerprint card, if you have not submitted fingerprints to AZ State Board of Nursing within the last two years.
  - ☐ An active temporary or permanent AZ RN license or an active compact license with multi state privileges.
  - ☐ An **official** sealed transcript sent directly from the school you obtained your graduate nursing degree from to the Arizona State Board of Nursing
- AND**
- ☐ An **official** letter from the school to the Arizona State Board of Nursing stating you completed the program. See attached example of the letter for the school to use. The letter must state:
    - The degree received (i.e. Master of Science)
    - The Specialty area (i.e. women's health care, pediatrics, etc)
    - If you were in a Nurse Practitioner program or a Clinical Nurse Specialist program

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#### **NEW GRADUATES ONLY:**

- ☐ (For temporary certification) - Verification of eligibility to test (i.e. a copy of the letter the testing agency sent you or official letter from testing agency stating you are eligible to test)
- ☐ (For permanent certification) - Official verification from testing agency that test was passed.

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#### **ENDORSEMENT APPLICANTS ONLY:**

- ☐ **Official** verification from the certifying test agency that you have passed the test.  
(See detailed instructions for exemptions).

Please Note:

- Graduate nursing degree is not required for Nurse Practitioner applicants certified by another board of nursing before January 1, 2001.
- A graduate degree in an area other than nursing will only be accepted if the nurse practitioner applicant was certified by another board of nursing before November 13, 2005.
- A graduate degree with a major in nursing is required of all CNS applicants.



**Janet Napolitano**  
Governor

**Joey Ridenour**  
Executive Director

*Arizona State Board of Nursing*

4747 North 7<sup>th</sup> Street, Suite 200  
Phoenix, AZ 85014-3653  
Phone (602) 889-5150 Fax (602) 889-5155  
E-Mail: arizona@azbn.gov  
Website: www.azbn.gov

Sample Letter for School to send directly  
to Arizona State Board of Nursing

DATE

Arizona State Board of Nursing  
Attention: AP Licensing Tech  
4747 N 7<sup>th</sup> St, #200  
Phoenix, AZ 85014-3653

To Whom It May Concern:

\_\_\_\_\_ has completed the course work, including the required number  
Name of Student  
of clinical hours, as a \_\_\_\_\_ nurse practitioner and received the  
Specialty  
\_\_\_\_\_ degree with a major in \_\_\_\_\_  
Type of degree  
on \_\_\_\_\_. The length of the program was \_\_\_\_\_.  
Date



# ARIZONA STATE BOARD OF NURSING

## APPLICATION FOR NURSE PRACTITIONER/NURSE MIDWIFE/ CLINICAL NURSE SPECIALIST CERTIFICATION

### SELECT THE CERTIFICATION(S) YOU ARE APPLYING FOR:

- ☐ Nurse Practitioner  
☐ Nurse Midwife  
☐ Clinical Nurse Specialist  
☐ Temporary Certificate

NOTE: \* Fingerprint requirement (see instructions)  
\* Required fee (see instructions)

\* A separate application must be submitted for Prescribing and Dispensing Authority

### PLEASE PRINT ALL INFORMATION WITH CAPITAL LETTERS

#### 1. APPLICANT'S NAME

First Name	Middle Name
<input type="text"/>	<input type="text"/>
Last Name	
<input type="text"/>	
Former Last Name(s)	
<input type="text"/>	

#### 2. SOCIAL SECURITY NUMBER

 -  - 

#### BIRTH DATE (month/day/year)

 /  / 

#### Gender (optional)

Male ☐ Female ☐

#### BIRTH CITY

#### STATE

#### COUNTRY (ex. USA)

#### 3. HOME ADDRESS/PRIMARY STATE OF RESIDENCE (where you vote, pay federal taxes, obtain a drivers license)

Street Address Line 1		
<input type="text"/>		
Street Address Line 2	County of Residence	
<input type="text"/>	<input type="text"/>	
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### 4. MAILING ADDRESS ☐ Same Information As Section 3

Street Address Line 1		
<input type="text"/>		
Street Address Line 2		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### 5. HOME PHONE

(  )  -

#### CELL PHONE

(  )  -

#### OFFICE USE ONLY

NURSIS Results Certificate # \_\_\_\_\_

☐ Neg ☐ Pos

Initials \_\_\_\_\_ Issue Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

NPCA

6. ARIZONA RN LICENSE NUMBER

R N

Applicants with active RN licensure in another compact state must complete questions #14-19 instead of #6.

7. BASIC NURSING PROGRAM ATTENDED

Name

City

State

Zip Code

Degree ☐ Licensed Practical Nurse ☐ RN Diploma ☐ RN Associates Degree ☐ BSN ☐ RN Masters

Date of Graduation  
(month/year)

/

8. COLLEGE OR UNIVERSITY FOR HIGHEST DEGREE HELD ☐ Same Information As Section 7

Name

City

State

Zip Code

Degree ☐ Licensed Practical Nurse ☐ RN Diploma ☐ RN Associates Degree ☐ BSN ☐ Bachelors Non-Nursing  
☐ Masters-Nursing ☐ Masters Non-Nursing ☐ Doctorate ☐ Certification

Date of Graduation  
(month/year)

/

9. NURSE PRACTITIONER/NURSE MIDWIFE/CNS PROGRAM ATTENDED

Name

City

State

Zip Code

Date of Graduation  
(month/year)

/

Length of Program  
(months)

Number of Months  
Attended

Degree Awarded

Experience ☐ Nurse Practitioner ☐ Clinical Nurse Specialist ☐ Never worked as a NP ☐ Never worked as a CNS

\*\*\*Remember, official transcript(s) of the course of study and a letter verifying completion from the educational institution(s) where you took your graduate degree, Advanced Nursing or NP or CNS program must be submitted to the ASBN. Request that the institution send these directly to the ASBN\*\*\*

10. CURRENT EMPLOYMENT OR PRACTICE SETTING

Title/Position

Employer's Name

Street Address Line 1

Street Address Line 2

Work Phone

(    )

-

City

State

Zip Code

Employed From  
(month/year)

/

**11. If you are unemployed or your current employment or practice setting is less than 960hrs in the past 5 yrs, list previous employment**

Title/Position

Employer's Name

Street Address Line 1

Street Address Line 2

Work Phone  
 (   )  -

City

State

Zip Code

Employed From (month/year)  /  To  /

**12. Have you taken and passed the National Certification Examination? ☐ No ☐ Yes If yes, answer the following:**

National Organization (that administered the exam)

Specialty Area

Certification Number

Date of Certification (month/year)  /  Date of Expiration  /

Request that your certifying agency send verification of current National Certification (with beginning & expiration date) directly to the AZ Board of Nursing.

**NURSE PRACTITIONERS/NURSE MIDWIVES ONLY Select the specialty area that you are applying for:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Acute Care           | <input type="checkbox"/> Adult                      | <input type="checkbox"/> Adult Psych/Mental Health |
| <input type="checkbox"/> Family               | <input type="checkbox"/> Family Psych/Mental Health | <input type="checkbox"/> Gerontological            |
| <input type="checkbox"/> Neonatal             | <input type="checkbox"/> Nurse Midwife              | <input type="checkbox"/> Pediatric                 |
| <input type="checkbox"/> Pediatric Acute Care | <input type="checkbox"/> School                     | <input type="checkbox"/> Woman's Health Care       |

**CLINICAL NURSE SPECIALISTS ONLY Select the specialty area that you are applying for:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Adult Critical Care      | <input type="checkbox"/> Adult Psych/Mental Health | <input type="checkbox"/> Child/Adolescent Psych Mental Health |
| <input type="checkbox"/> Community Health         | <input type="checkbox"/> Gerontological            | <input type="checkbox"/> Home Health                          |
| <input type="checkbox"/> Med/Surg or Adult Health | <input type="checkbox"/> Neonatal Critical Care    | <input type="checkbox"/> Pediatric                            |
| <input type="checkbox"/> Pediatric Critical Care  | <input type="checkbox"/> Other _____               |   |

**13. OPTIONAL INFORMATION**

E-Mail Address

Marital Status ☐ Never Married ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Ethnicity ☐ African American ☐ Asian ☐ Caucasian ☐ Hispanic ☐ Indian ☐ Other

**NOTE: Questions 14-19 are to be completed only if you are an Advanced Practice applicant who holds an active RN license in a compact state other than Arizona & are not declaring AZ as your primary state of residence at this time. If you do not have an RN license in another compact state, please proceed to question #20 on the next page.**

14. What compact state are you currently licensed as an RN?

Compact RN License Number

Expiration Date (Month/Year)

 / 

15. **TESTING INFORMATION**

In what state or territory did you obtain your **original** RN license?

What was your original license number?

What was the date of your state exam?

Month Year

 / 

Did you test more than 1 time?

☐ No ☐ Yes If yes, how many times?

Which test did you take?

☐ SBTPE (This test was given before 7/1/82)

☐ NCLEX (This test was given after 7/1/82)

Passing the SBTPE or NCLEX test is required for certification in Arizona.

16. **ARIZONA LICENSURE**

Have you previously submitted a nursing application in Arizona?

☐ No ☐ Yes

If yes, did you receive a permanent Arizona license?

☐ No ☐ Yes

If yes, when

Month Year

 / 

17. **Check the practice requirement that you meet for certification (one option must be marked to be eligible for certification)**

- ☐ I have practiced as a nurse for 960 hrs or more in the past 5 years **OR**
- ☐ I have completed a Board approved refresher course within the past 5 years **OR** graduated from a nursing program within 5 years **OR**
- ☐ I have obtained an advanced nursing degree (RN to BSN, Masters, or Doctorate) or advanced practice certificate in the past 5 years

18. **EMPLOYMENT STATUS**

☐ Employed ☐ Not Employed

Employed in Nursing

Employment in a field other than Nursing

PRN/Pool/Registry

Traveler

☐ Full Time

☐ Full Time

☐ Yes

☐ Yes

☐ Part Time

☐ Part Time

☐ No

☐ No

Average number of hours worked per week as a nurse/Advanced Practice?

19. **LICENSE INFORMATION**

List the state/territory, license number, and current status of all RN licenses.

State	License Number	Active	Inactive	Expired
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you are licensed in more than 4 states, please list the information on a separate sheet of paper



20. Are you currently under investigation or is disciplinary action pending against your nursing license, advanced practice certificate or any other license or certification you hold in any state or territory of the United States?

☐ No ☐ Yes

If yes, include a detailed explanation and a copy of the paperwork regarding the current investigation or pending disciplinary action with your application.

**Before answering the next question read the following: The fact that a conviction has been pardoned, expunged, dismissed, deferred, reclassified, redesignated or that your civil rights have been restored, does not mean that you answer this question “no”; you would have to answer “yes” and give details on each conviction.**

21. Have you ever been convicted, entered a plea of guilty, nolo contendere or no contest, or have you ever been sentenced, served time in jail or prison, or had prosecution deferred or sentence deferred or probation deferred in any felony or undesignated offense?

☐ No ☐ Yes

If yes, provide a written explanation of the details of each conviction and sentence. Return the written explanation, a copy of the police report and court documents for each conviction, indicating type of conviction, conviction date and sentence including the date of absolute discharge of the sentence for each felony conviction with your application.

**NOTE:** If you answer “yes” to this question, your application will not be processed until you provide proof that it has been more than 5 years since the date of absolute discharge for each felony conviction or provide proof that the conviction was designated a misdemeanor.

22. Are you currently a participant in a state board/designee monitoring program including alternative to discipline, diversion or a peer assistance program?

☐ No ☐ Yes

If yes, provide a **written explanation** including the state, dates, reasons for participation, and a copy of the participation agreement.

23. Have you ever been terminated from an alternative to discipline, diversion, or a peer assistance program due to unsuccessful completion?

☐ No ☐ Yes

If yes, provide a **written explanation** including the state, dates, and reasons for participation and termination.

PLEASE BE ADVISED THAT FAILURE TO PROVIDE THE REQUESTED DOCUMENTS WILL DELAY THE PROCESSING OF YOUR APPLICATION

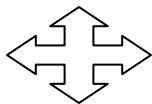
## VERIFICATION BY OATH OR AFFIRMATION

The undersigned verifies that he/she is the person referred to in the foregoing application; that the statements are true in every respect; that he/she has not suppressed any information that would affect this application; that he/she will conform to ethical standards of conduct in the profession of nursing and obey the laws and rules of the Arizona Board of Nursing; that he/she has read and understands that failure to disclose the requested information or disclosure of false or misleading information may constitute fraud and may result in denial of licensure/certification or disciplinary action, up to and including revocation, taken against an issued license or certificate. Failure to disclose the requested information or disclosure of false or misleading information may also result in criminal prosecution.

\_\_\_\_\_  
Applicants Signature

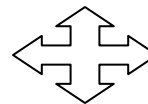
\_\_\_\_\_  
Date

**\* TAPE OR ATTACH A COPY OF A CURRENT RN LICENSE FROM A COMPACT STATE TO THE APPLICATION \***



NO STAPLES PLEASE  
SCOTCH TAPE ALL SIDES

**\* TAPE OR ATTACH A COPY OF A CURRENT AP CERTIFICATE FROM A COMPACT STATE TO THE APPLICATION \***



NO STAPLES PLEASE  
SCOTCH TAPE ALL SIDES

Please staple all pages of the application together and return to:

**ARIZONA STATE BOARD OF NURSING**  
4747 N. 7<sup>TH</sup> STREET, SUITE 200  
PHOENIX, AZ 85014-3653  
(602) 889-5150  
Our Website: [www.azbn.gov](http://www.azbn.gov)



NPCE

